

Policy and Procedure Checklist – Idaho Residential Assisted Living Facilities Program

10/09/20

New Applicants or Change of Owner Applicants:

As part of the licensing process, you must submit a set of policies and procedures to Licensing and Certification prior to obtaining your license. The policies and procedures help to outline the day to day operations of your facility. The development of your policies and procedures should include both the policy and procedures.

A policy is defined as a definite course or method of action...to guide and determine present and future decisions (i.e. think of the policy as the goal of what you want to accomplish).

A procedure is defined as a particular way of accomplishing something or of acting, or a series of steps followed in a regular definite order, or a traditional or established way of doing things (i.e. think of the procedure as the steps that staff will need to take to reach the goal/policy). Some examples may be:

IDAPA 16.03.22.150: Policies and Procedures. The facility must develop a written, dated set of policies and procedures that are specific to the population served in the facility and are available to all staff at all times to direct and ensure compliance. Policy topics must include abuse, neglect, exploitation, incidents and accidents, activities, admissions, emergency preparedness, infection control, nursing, resident rights, staffing, and medications.

Example #1:

Policy: Facility does not admit or retain residents who are a danger to themselves or others.

Procedure: Prior to admission the administrator will meet in person with the resident and conduct the admission assessment. The administrator will also review previous history and physical and interview former caregivers, caseworkers and/or family to determine if there is any history of the resident exhibiting behaviors that would be a danger to self or others.

Example #2:

Policy: All medications will be maintained in a locked area.

Procedure:

1. The facility will keep medications they monitor in a medication cart.
2. The medication cart will be locked each time the medication aide walks away from the cart.
3. When the medication cart is not in use, the cart will be locked in the medication room.
4. Residents who self-administer the medications will store their medication in a lock box located in their rooms.
5. Monthly room checks will be done to ensure residents who self-medicate store their medications in the lock box.

The rules do not limit the policies and procedures that a facility can develop. As you are developing your policies and procedures you may determine there are other policies and procedures you would like to implement at your facility. Although not specifically listed in the rules, there are some suggested/best practice policies that could be developed to enhance the day to day operations of the facility. These are as follows:

- ❖ Quality Assurance Program(s)
- ❖ Coordination of Outside Service Agencies
- ❖ Nursing Tasks & Expectations
- ❖ Fall Prevention Program

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Item #	Policy & Procedure Requirements - ABUSE, NEGLECT AND EXPLOITATION (Refer to IDAPA 16.03.22.010.01, 011.17, 010.31, 154.01, 215.07, 215.08, 215.08.a, 215.08.b, 330.04.c.xi and 625.03.f)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that allegations of abuse, neglect and exploitation are <u>identified</u>. Includes definition of abuse (Refer to 16.03.22.010.01) Includes definition of neglect (Refer to 16.03.22.011.17) Includes definition of exploitation (Refer to 16.03.22.010.31) Describes how residents, staff, family, outside services and others will be educated on how to identify abuse, neglect and exploitation.</p>					
a.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that allegations of abuse, neglect and exploitation are <u>reported</u>. (Refer to Section 39-5303, Idaho Code and 16.03.22.215.07, 215.08.a, 215.08.b and 625.03.f) Describes how residents, staff, family, outside services and others will be educated to report abuse, neglect and exploitation, including the health care worker's duty to report. Includes specific directions for staff, residents and visitors to immediately contact the administrator or designee in the event abuse, neglect or exploitation is witnessed or reported to them. Includes directions the administrator and/or mandatory reporter will immediately report all allegations to adult protection and includes the number to contact the local adult protection office. Includes directions the administrator and/or mandatory reporter will contact law enforcement within 4 hours in the event the alleged abuse includes sexual assault or results in the death or serious physical injury that jeopardizes the life, health or safety of the resident. The directions must include the phone number for law enforcement. **In the event of any emergency, 911 should be called immediately** Includes directions for reporting in the event the administrator/designee is the alleged perpetrator.</p>					
b.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that allegations of abuse, neglect and exploitation are <u>documented</u>. (Refer to 16.03.22.330.04.c.xi and 625.03.f) Describes how, when, where and by whom the following will be documented: The initial report from the person who witnessed or was initially told about the allegation; Reporting of allegation to the administrator or designee;</p>					

	<p>Notification of Adult Protection; Notification of Law Enforcement, if applicable; Steps taken to protect alleged victims and other potential victims during investigation; Steps taken to investigate the allegation; Interviews; The findings of the investigation including the conclusion; Measures put in place and/or actions taken to prevent recurrence.</p> <p>Identifies any forms or systems that will be used to document the incident, allegation and investigation.</p> <p>Identifies where all the documentation related to completed investigations will be stored.</p>					
c.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that allegations of abuse, neglect and exploitation are <u>investigated</u>. (Refer to 16.03.22.215.08 and 215.08.b)</p> <p>Describes the steps the administrator will take to investigate the allegation, including at a minimum:</p> <ul style="list-style-type: none"> Interview of the alleged victim and all potential witnesses; Who will conduct the interviews and how privacy will be ensured during the interviews; Identification and interview of other persons who might have knowledge of the incident or of the alleged perpetrator's previous interactions with the alleged victim and other potential victims. <p>Include instructions that the administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each allegation of abuse, neglect or exploitation.</p> <p>Describes the various conclusions the administrator may reach including at a minimum, whether the alleged event occurred, and whether it constituted abuse, neglect or exploitation.</p>					
d.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure <u>each resident is protected during the abuse, neglect or exploitation investigation</u>. (Refer to 16.03.22.215.08.c)</p> <p>For cases where the <u>alleged perpetrator is a staff member</u>, describes specific steps to be taken to restrict access of the alleged perpetrator to residents until the investigation is complete.</p> <p>For cases where the <u>alleged perpetrator is a resident</u>, describes specific steps to be taken to restrict access of the alleged perpetrator to</p>					

	the alleged victim(s) and other potential victims until the investigation is complete. For cases where the alleged perpetrator is a visitor, describes specific steps to be taken to restrict access of the alleged perpetrator to the alleged victim(s) and other potential victims until the investigation is complete.					
e.	The facility must develop <i>a policy and a set of procedures</i> to ensure <u>interventions are immediately implemented and monitored to prevent further abuse, neglect or exploitation.</u> (Refer to 16.03.22.215.08.e and 215.08.g) Describes steps that will be taken to ensure the perpetrator has no further access to potential victims. Describes additional actions that may be taken to reduce the likelihood of future similar incidents from occurring.					

Item #	Policy & Procedure Requirements - ACCIDENTS AND INCIDENTS (Refer to IDAPA 16.03.22.010.02, 011.06, 154.01, 215.08, 215.08.a, 215.08.b, 215.08.c, 215.08.e, 215.08.g, 330.04.c.xi and 625.03.f)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1	The facility must develop <i>a policy and a set of procedures</i> to ensure that accidents and incidents are <u>identified</u> . Include definition of accident (Refer to 16.03.22.010.02) Include definition of incident (Refer to 16.03.22.011.06)					
a.	The facility must develop <i>a policy and a set of procedures</i> to ensure that accidents and incidents are <u>reported</u> . (Refer to 16.03.22.215.08.a and 625.03.f) Describe how residents, staff, family, outside services and others will be educated to report accidents and incidents. Include specific directions for staff, residents and visitors to immediately contact the administrator or designee in the event an accident or incident is witnessed or reported to them.					
b.	The facility must develop <i>a policy and a set of procedures</i> to ensure that accidents and incidents are <u>documented</u> . (Refer to 16.03.22.330.04.c.xi and 625.03.f) Describe how, when, where and by whom the following will be documented:					

	<p>The initial report from the person who witnessed or was initially told about the accident or incident;</p> <p>Reporting of information to the administrator or designee;</p> <p>Steps taken to ensure resident safety;</p> <p>Steps taken to investigate the allegation;</p> <p>Interview(s);</p> <p>The findings of the investigation including the conclusion; and</p> <p>Measures put in place and/or actions taken to prevent recurrence.</p> <p>Identify any forms or systems that will be used to document the accident or incident and investigation.</p> <p>Identify where all documentation related to completed investigations will be stored.</p>					
c.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that accidents and incidents are <u>investigated</u>. (Refer to 16.03.22.215.08 and 215.08.b)</p> <p>Describe the steps the administrator will take to investigate the allegation, including at a minimum:</p> <p>Interview of the resident involved in the incident or accident and all potential witnesses; and</p> <p>Who will conduct the interviews and how privacy will be ensured during the interviews.</p> <p>Include instructions that the administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each accident and incident.</p>					
d.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure <u>resident safety during the accident or incident investigation</u>. (Refer to 16.03.22.215.08.c)</p>					

e.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure <u>interventions are immediately implemented and monitored to prevent further accidents and incidents.</u> (Refer to 16.03.22.215.08.e and 215.08.g)</p> <p>Describe additional actions that may be taken to reduce the likelihood of future similar accidents or incidents from occurring; including monitoring for and identifying patterns.</p>					
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Item #	Policy & Procedure Requirements - ACTIVITIES (Refer to 16.03.22.151)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Activity Requirements. The facility <u>must</u> develop and implement a written activity policy that assists, encourages and promotes residents to maintain and develop their highest potential for independent living through their participation in planned recreational and other activities. The policy must also address the following items:					
1.	Socialization through group discussion, conversation, recreation, visiting, arts and crafts, and music.					
2.	Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion.					
3.	Education through special classes or events.					
4.	The facility will utilize community resources to promote resident participation in integrated activities of their choice both in and away from the facility.					

Item #	Policy & Procedure Requirements - REQUIREMENTS FOR A FACILITY ADMINISTRATOR (Refer to 16.03.22.215)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Under Section 39-3321, Idaho Code, each facility must have one (1) licensed administrator assigned as the person responsible for the day-to-day operation of the facility. Multiple facilities under one (1) administrator may be allowed by the Department based on an approved plan of operation for up to three (3) buildings with a total of no more than fifty (50) beds, or up to two (2) buildings with a total of no more than eighty (80) beds. The criteria and procedure for requesting to have multiple facilities under one (1) administrator is posted on the Residential Assisted Living Facilities Program website.					
1.	Administrator Responsibility. The administrator is responsible for ensuring that policies and procedures are developed and implemented to fulfill the requirements in Title 39, Chapter 33, Idaho Code, and IDAPA 16.03.22, "Residential Assisted Living Facilities."					
2.	Availability of Administrator. The facility's administrator must be on-site sufficiently to ensure safe and adequate care of the residents. The facility's administrator or their designee must be available to be on-site at the facility within two (2) hours. The facility must continuously employ an administrator.					
3.	Lapse of Administrator. If the facility operates for more than thirty (30) days without a licensed administrator, it will result in a core issue deficiency.					
4.	Representation of Residents. The owner or administrator, their relatives, and employees cannot act as, or seek to become the legal guardian of, or have power of attorney for any resident. Specific limited powers of attorney to address emergency procedures where competent consent cannot otherwise be obtained, are permitted.					
5.	Notification to Licensing Agency. The facility must develop a policy and procedure to ensure the Licensing Agency is notified, in writing, within three (3) business days of a change of administrator.					
6.	Sexual Offender. The administrator must ensure that a nonresident on the sexual offender registry is not allowed to live or work in the facility.					
7.	Administrator's Designee. The facility must develop a policy and set of procedures to define a designee is a person who is authorized in writing to act in the absence of the administrator. An administrator's designee may act in the absence of the administrator for no longer than thirty (30) consecutive days when the administrator is on vacation, has days off, is ill, or is away for training or meetings.					

8.	Ability to Reach Administrator or Designee. The facility must develop a policy and procedure that describes the administrator or designee must be reachable and available at all times.					
9.	Notification to Licensing Agency within One Business Day. The facility must develop a policy and set of procedures to ensure that when a reportable incident occurs, the administrator or designee must notify the Licensing Agency within one (1) business day of the incident.					

Item #	Policy and Procedure Requirements - ADMISSION AGREEMENT (Refer to 16.03.22.216, 221 and 550)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1.	Written Agreement. In addition to your admission policy, we would also like to review the facility's admission agreement. The facility and each resident or the resident's legal guardian or conservator must enter into a written admission agreement, prior to or on the day of admission. The admission agreement needs to be transparent, understandable and easily translated into a language the resident or their representative understands. The admission agreement will provide a complete reflection of the facility's charges, commitments agreed to by each party and the actual practices that will occur in the facility. The agreement must be signed by all involved parties and a complete copy provided to the resident and the resident's legal guardian or conservator prior to or on the day of admission. The admission agreement may be integrated within the Negotiated Service Agreement (NSA), provided that all the requirements for the NSA in Section 16.03.22.320 of the IDAPA rules and the admission agreement are met. Admission agreements must include all items described under this rule. The facility must develop and implement written admission agreement policies and procedures, which must include:					
a.	Unless otherwise negotiated with the resident, or resident's legal guardian or conservator, basic services must include the items specified in Section 16.03.22.430 of the IDAPA rule.					
2.	The resident's monthly charges, including a specific description of the services that are included in the basic services rate and the charged rate.					
3.	All prices, formulas, and calculations used to determine the resident's basic services rate including:					
i.	Service packages; (For example: Package A: apartment, meals and emergency assistance = \$2000/mo., Package B: Includes Package A + assistance with medications = \$3000/mo.)					

ii.	Fee-for-services rates; (For example: Having medications bubble packed by the nurse: \$20/month.; Assistance with bathing 3x/week: \$100/mo.; Escort to-and-from meals: \$50/mo.) The admission agreement must list each service the facility charges separately for and the amount by which it will increase the monthly basic rate.					
iii.	Assessment forms; (If the facility uses an assessment to determine the resident's monthly rate; a copy of that form must be included within or attached to the admission agreement.)					
iv.	Price per assessment point; (Note: This is when each item on the assessment is given a point value, e.g. assistance with showering = 4 points, medication assistance = 6 points. The total points from the assessment are then added together and the resident's rate is based on the total number of points. For example, each point is \$1.50 so the total monthly fee equals \$1.50 times the number of points assessed for the resident's care.) In this case, both the dollar amount that will be charged for each point, and a copy of the assessment must be included in the admission agreement.					
v.	Charges for levels of care determined with an assessment (Note: e.g. 0 - 25 points is a Level I = \$2000/mo. or 26 - 45 points is a Level II = \$3000/mo. and so on.) Both the assessment and the level of care scale and associated charges must be included in the admission agreement.					
vi.	Move-in fees or other similar charges. (Note: Any fees required prior to or upon admission must be disclosed in the admission agreement, including the \$ amount of the fee, what it is for, and the circumstances (if any) under which the fee will be refunded.)					
4.	The services and rates charged for additional or optional services, supplies, or amenities that are available through the facility or arranged for by the facility for which the resident will be charged additional fees.					
5.	The services or rates that are impacted by an updated assessment of the resident, the assessment tool, the assessor, and the frequency of the assessment, when the facility uses the assessment to determine rate changes.					
6.	The facility may charge residents for the use of personal furnishings, equipment, and supplies provided by the facility unless paid for by a publicly funded program. The facility must provide a detailed itemization of furnishings, equipment, supplies, and the rate for those items the resident will be charged.					
7.	The agreement must identify staffing patterns and qualifications of staff on-duty during a normal day.					
8.	The administrator of a residential assisted living facility must disclose in writing at the time of admission or before a resident's admission if the facility does not carry professional liability insurance. If the facility cancels the professional liability insurance all residents must be notified of the change in writing.					

9.	The agreement must identify the facility's and resident's roles and responsibilities relating to assistance with medications including the reporting of missed medications or those taken on a PRN basis.					
10.	The agreement must identify who is responsible for the resident's personal funds.					
11.	The agreement must identify responsibility for protection and disposition of all valuables belonging to the resident and provision for the return of resident's valuables if the resident leaves the facility.					
12.	The agreement must identify conditions under which emergency transfers will be made as specified in Section 16.03.22.152 of the IDAPA rule.					
13.	The facility must provide a description of the facility's billing practices, notices, and procedures for payments and refunds. The following procedures must be included:					
a.	Arrangements for payments.					
b.	Under what circumstances and time frame a partial month's resident fees are to be refunded when a resident no longer resides in the facility.					
c.	Written notice to vacate the facility must be given thirty (30) calendar days prior to transfer or discharge on the part of either party, except in the case of the resident's emergency discharge or death. The facility may charge up to fifteen (15) days prorated rent from the date of the resident's emergency discharge or death. The agreement must disclose any changes that will result when a resident fails to provide a thirty (30) day written notice.					
14.	The agreement must specify permission for the facility to transfer information from the resident's records to any facility to which the resident transfers.					
15.	The agreement must specify resident responsibilities.					
16.	The agreement must specify any restriction on choice of care or service providers, such as home health agency, hospice agency, or personal care services.					
17.	Advance Directive. The agreement must identify written documentation of the resident's preference regarding the formulation of an Advance Directive in accordance with Idaho state law. When a resident has an Advance Directive, a copy must be immediately available for staff and emergency personnel.					
18.	Notification of Payee Requirements. The agreement must identify if the facility requires as a condition of admission that the facility be named as payee.					

19.	Contested Charges. The facility must provide the methods by which a resident may contest charges or rate increases including contacting the ombudsman for the elderly.					
20.	Transition to a Publicly Funded Program. The facility must disclose the conditions under which the resident can remain in the facility, if payment for the resident shifts to a publicly funded program.					
21.	Smoking Policy. The admission agreement must include a copy of the facility's smoking policy.					

Item #	Policy & Procedure Requirements - ADMISSIONS/BUILDING CONSTRUCTION (Refer to 16.03.22.152, 215.05, 216.01, 250.13-15 and 405.06)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1.	Responsibility for Acceptable Admissions. The administrator must ensure that no resident is knowingly admitted or retained who requires care as defined in Section 39-3307, Idaho Code, and Section 152 of IDAPA 16.03.22 rules.					
2.	Admissions. The facility <u>must</u> develop and implement written admission policies and procedures, which must include:					
a.	Descriptions of the purpose, quantity and characteristics of available services.					
b.	A description of any limitations concerning delivery of routine personal care by persons of the opposite gender (Note: This refers to how and if the facility will meet any requests that personal cares (i.e. hygiene, showers, toileting, etc.) be completed by a staff of the same or different gender).					
c.	Descriptions of how the facility will provide notification to potential and existing residents and responsible parties if the facility accepts any residents who are on the sexual offender registry.					
d.	Descriptions of how the facility will provide notification to potential and existing residents if non-resident adults or children reside in the facility.					
3.	Resident Admission, Discharge, and Transfer. Descriptions of how the facility will admit, discharge, or transfer residents to, from, or within the facility.					
4.	Acceptable Admissions. The facility must develop and implement written policies for acceptable admissions with descriptions of the conditions for admitting residents, which must include:					
a.	A resident will be admitted or retained only when:					
i.	The facility has the capability, capacity, and services to provide appropriate care.					

ii.	The resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for.					
iii.	The facility has the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services.					
5.	No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:					
a.	A resident who has a gastrostomy tube, arterial-venous (AV) shunt, or supra-pubic catheter inserted within the previous 21 days.					
b.	A resident who is receiving continuous total parenteral nutrition (TPN) or IV therapy.					
c.	A resident who requires physical restraints, including bed rails.					
d.	A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within 30 days.					
e.	A resident who is on a mechanically supported breathing system, except for residents who use positive airway pressure devices only for sleep apnea, such as CPAP or BiPAP.					
f.	A resident who has a tracheotomy who is unable to care for the tracheotomy independently.					
g.	A resident who requires the use of a syringe to receive liquid or pureed nourishment directly into the mouth.					
h.	A resident with open, draining wounds for which the drainage cannot be contained.					
i.	A resident with a Stage 3 or 4 pressure injury or pressure injury that is unstageable.					
j.	A resident with any type of pressure injury or open wound that is not improving bi-weekly.					
k.	For any resident who is assessed to require nursing care, the facility must ensure a licensed nurse is available to meet the needs of the resident.					
l.	A resident who has physical, emotional, or social needs that are not compatible with other residents in the facility.					
m.	A resident who is violent or a danger to themselves or others.					
n.	Residents who are not capable of self-evacuation must not be admitted or retained by a facility which does not comply with NFPA, Standard 101 as referenced in Section 16.03.22.004 of the IDAPA rules.					
6.	Initial Resident Assessment and Care Plan. Prior to admission, each resident must be assessed by the facility to ensure the resident is appropriate for placement in their residential assisted living facility. The facility must develop an interim care plan to guide services until the					

	facility can complete the resident assessment process. The result of the assessment will determine the need for specific services and supports.					
7.	Secure Environment. Describe how the facility will provide a safe and secure interior and exterior environment if the facility accepts and retains residents who have cognitive impairment and have a history of elopement or attempted elopement. (Because measures to secure the environment may be effective for one (1) resident, but not another, the type of the security provided must be evaluated for effectiveness in protecting each resident, based on their individual needs and abilities, and adjusted as necessary. These measures must be incorporated into the NSA of each applicable resident.)					
8.	Call System. The facility must have a call system available to each resident to call for assistance and still be ensured a resident's right to privacy at the facility, including in the resident's living quarters and common areas, during medical treatment, and other services, and in written and telephonic communications, or in visits with family, friends, advocates, and resident groups. The call system cannot be a substitute for supervision. For facilities licensed prior to 1/1/06, when the current system is no longer operational or repairable the facility must install a call system as defined in Section 16.03.22.10 if the IDAPA rules.					
9.	Dietary Standards. Each facility must have a full-service kitchen to meet the needs of the residents. Any satellite kitchen must meet all applicable requirements.					
10.	Telephone. The facility must have a telephone on the premises available for staff use in the event of an emergency. Emergency telephone numbers must be posted near the telephone.					

Item #	Policy & Procedure Requirements - CONDITIONS FOR TERMINATION OF ADMISSION AGREEMENT/DISCHARGE (Refer to 16.03.22.217)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1.	Conditions for Termination of the Admission Agreement. Each admission agreement needs to include the conditions in which it can be terminated including:					
a.	Giving the party thirty (30) calendar days written notice.					
b.	The resident's death.					
c.	Emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm.					

d.	The resident's mental or medical condition deteriorates to a level requiring care as described in Section 39-3307, Idaho Code, and Section 16.03.22.152 of the IDAPA rule.					
e.	Nonpayment of the resident's fees.					
f.	When the facility cannot meet resident needs due to changes in services, in-house or contracted, or inability to provide the services.					
g.	Other written conditions as they may be mutually established between the resident, resident's legal guardian or conservator, and the administrator of the facility at the time of admission.					
2.	Requirements for Facility Responsibility during the Resident Discharge. The facility is responsible to assist the resident with transfer by providing a list of skilled nursing facilities, other residential assisted living facilities, and certified family homes that may meet the needs of the resident. The facility must provide a copy of the resident record, as described in Section 16.03.22.330 of the IDAPA rule, within two (2) business days of receipt of a request signed and authorized by the resident or legal representative.					
3.	Resident's Appeal of Involuntary Discharge. The facility's policy must include a resident may appeal all discharges with the exception of an involuntary discharge in the case of nonpayment or emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm. The following must be included:					
a.	Before a facility discharges a resident, the facility must notify the resident and their representative of the discharge and the cause.					
b.	This notice must be in writing and in a language and manner the resident or their representative can understand.					
4.	Written Notice of Discharge. The facility's policy must include a written notice of discharge must include the following:					
a.	The specific reason for the discharge.					
b.	The effective date of the discharge.					
c.	A statement that the resident has the right to appeal the discharge to the Department within thirty (30) calendar days of receipt of written notice of discharge.					
d.	The Residential Assisted Living Facilities Program website, where the appeal must be submitted.					
e.	The name, address, and telephone number of the local ombudsman.					
f.	The name, address, and telephone number of Disability Rights Idaho.					

g.	If the resident fails to pay fees to the facility, as agreed to in the admission agreement, during the discharge appeal process, the resident's appeal of the involuntary discharge becomes null and void and the discharge notice applies.					
h.	When the notice does not contain all the above required information, the notice is void and must be reissued.					
5.	Receipt of Appeal. Request for an appeal must be received by the Department within thirty (30) calendar days of the resident's or resident's representative's receipt of written notice of discharge to stop the discharge before it occurs.					

Item #	Policy & Procedure Requirements - BEHAVIOR MANAGEMENT (Refer to 16.03.22.011, 310.04, 319.04 and 330.06)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop a <i>policy and a set of procedures</i> that address how the facility will support residents with maladaptive behavior (<i>Any behavior that interferes with resident care, infringes on any resident's rights, or presents a danger to the resident or others. Involuntary muscle movements are not considered maladaptive behaviors</i>). The policy should include the following items:					
	Comprehensive Assessment Requirements.					
1.	Maladaptive Behaviors. The comprehensive assessment for maladaptive behaviors must include:					
a.	The resident's behavioral history, including any history of traumatic events.					
b.	The intensity, duration, and frequency of each maladaptive behavior.					
c.	Potential contributing environmental factors, such as heat, noise, or overcrowding.					
d.	Any specific events that trigger maladaptive behaviors.					
e.	Potential contributing health factors, such as hunger, pain, constipation, infection, fever, or medication side effects.					
f.	Recent changes in the resident's life, such as death in the family or changes in care.					
	Requirements for Facility Records. Behavior Documentation. For residents who exhibit maladaptive behaviors, behavior management records must be maintained in the resident record including:					
1.	An assessment of maladaptive behaviors, as described above.					
2.	A behavior plan that includes at least one (1) intervention specific to each maladaptive behavior.					

3.	Interventions must be the least restrictive.					
4.	Each intervention must be reviewed as appropriate, based on the severity of the behavior, to evaluate the effectiveness and continued need for the intervention.					
5.	Ongoing tracking of behaviors, including documentation of the date and time each maladaptive behavior was observed, the specific behavior that was observed, what interventions were used in response to the maladaptive behavior, and the effectiveness of each intervention.					
	Psychotropic or Behavior Modifying Medication.					
1.	For residents who utilize psychotropic or behavior modifying medication, facility policy must be maintained which include the following:					
a.	Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. The facility must attempt non-drug interventions to assist and redirect the resident's behavior.					
b.	Psychotropic or behavior modifying medications must be prescribed by a physician or authorized provider.					
c.	The facility must monitor the resident to determine continued need for the medication based on the resident's demonstrated behaviors.					
d.	The facility must monitor the resident for any side effects that could impact the resident's health and safety.					
e.	The use of psychotropic or behavior modifying medications must be reviewed by the physician or authorized provider at least every six (6) months. The facility must provide behavior updates to the physician or authorized provider to help facilitate an informed decision on the continued use, and possible reduction, of the psychotropic or behavior modifying medication.					

Item #	Policy & Procedure Requirements - COMPLAINTS (Refer to IDAPA 010.18, 215.08, 215.08.a, 215.08.b, 215.08.c, 215.08.d, 215.08.g, 330.08.b and 625.03.f)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1	The facility must develop <i>a policy and a set of procedures</i> to ensure that complaints are <u>identified</u> . Include definition of complaint (Refer to 16.03.22.010.18)					
a.	The facility must develop <i>a policy and a set of procedures</i> to ensure that complaints are <u>reported</u> . (Refer to 16.03.22.215.08.a and 625.03.f)					

	<p>Describe how residents, staff, family, outside services and others will be educated to report complaints.</p> <p>Include specific directions for staff, residents and visitors to contact the administrator or designee in the event a complaint is reported to them within one business day.</p>					
b.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that complaints are <u>documented</u>. (Refer to 16.03.22.330.08.b and 625.03.f)</p> <p>Describe how, when, where and by whom the following will be documented:</p> <p style="padding-left: 40px;">The initial report from the person who received the complaint;</p> <p style="padding-left: 40px;">Reporting of the complaint to the administrator or designee;</p> <p style="padding-left: 40px;">Steps taken to ensure resident safety;</p> <p style="padding-left: 40px;">Steps taken to investigate the complaint;</p> <p style="padding-left: 40px;">Interview(s);</p> <p style="padding-left: 40px;">The findings of the investigation including the conclusion;</p> <p style="padding-left: 40px;">Measures put in place and/or actions taken to prevent recurrence; and</p> <p style="padding-left: 40px;">The response to the resident.</p> <p>Identify any forms or systems that will be used to document the complaint and investigation.</p> <p>Identify where all complaint documentation will be stored.</p>					
c.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure that complaints are <u>investigated</u>. (Refer to 16.03.22.215.08, 215.08.b and 215.08.d)</p> <p>Describe the steps the administrator will take to investigate the allegation, including at a minimum:</p> <p style="padding-left: 40px;">Interview of the complainant; and</p>					

	<p>Who will conduct the interview and how privacy will be ensured during the interview.</p> <p>Include instructions that the administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each complaint.</p> <p>Include the person making the complaint will receive a written response from the facility of the action taken to resolve the matter, or the reason why no action was taken within thirty (30) days of the complaint.</p>					
d.	The facility must develop <i>a policy and a set of procedures</i> to ensure <u>resident safety during the complaint investigation</u> . (Refer to 16.03.22.215.08.c)					
e.	<p>The facility must develop <i>a policy and a set of procedures</i> to ensure <u>interventions are immediately implemented and monitored to prevent further complaints</u>. (Refer to 16.03.22.215.08.g)</p> <p>Describe additional actions that may be taken to reduce the likelihood of future similar complaints from occurring; including monitoring for and identifying patterns.</p>					

Item #	Policy & Procedure Requirements - COMPREHENSIVE ASSESSMENT REQUIREMENTS (Refer to 16.03.22.319)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Comprehensive Assessment Requirements. The facility must complete assessment information as described in Subsections 16.03.22.319.01 through 16.03.22.319.04 of IDAPA rule, prior to admitting the resident to the residential assisted living facility. The remainder of the comprehensive assessment must be completed within fourteen (14) days of admission. Comprehensive assessment information must be updated when there is a change, or at least every twelve (12) months. The comprehensive assessment must contain the following:					
1.	Resident Demographics. Resident demographic information, including:					
a.	Date of birth.					
b.	Placement history.					

c.	Identification of any medical diagnoses, including any information about specific health problems, such as allergies, that may be useful in a medical emergency.					
d.	Prescription and over-the-counter medications and treatments.					
e.	Information related to cognitive function.					
f.	Legal status, to include copies of legal documents when applicable (e.g. guardianship or power of attorney).					
g.	Names and contact information of representatives and emergency contacts.					
2.	Level of Personal Assistance Required. The facility must assess the level of assistance required to help the resident with the following: Activities of daily living, including bathing, dressing, toileting, grooming, eating, communicating, medications, and the use of adaptive equipment such as hearing aids, walkers, or eyeglasses.					
3.	Nursing Assessment. Information related to the resident's health, medical status, and identification of any health services needed, including frequency and scope.					
4.	Maladaptive Behaviors. See policy and procedure checklist for maladaptive behaviors.					
5.	Resident Preferences. Resident preferences and historical information that includes:					
a.	Religion and church attendance, including preferred church contact information.					
b.	Historical information including significant life events, family, work, and education.					
c.	Hobbies and preferred activities.					
6.	Outside Services. Information related to outside services, including the service type being provided, when, and by whom.					
7.	Assessment Results. The results of the comprehensive assessment must be used to develop the NSA, identify training needs for staff, and evaluate the ability of an administrator and facility to meet the identified residents' needs.					

Item #	Policy & Procedure Requirements - CRIMINAL HISTORY AND BACKGROUND CHECK (Refer to 16.03.22.009)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
1.	Criminal History and Background Check. A residential assisted living facility must complete a criminal history and background check on employees and contractors hired or contracted with after 10/1/2005, who have direct resident access to residents in the					

	residential assisted living facility. The Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. Other criminal history and background checks may be acceptable provided they meet the criteria in Subsection 009.02 of the IDAPA 16.03.22 rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and employee.					
2.	Scope of a Criminal History and Background Check. The criminal history and background check must, at a minimum, be fingerprint-based and include a search of the following record sources:					
a.	Federal Bureau of Investigation (FBI);					
b.	Idaho State Police Bureau of Criminal Identification;					
c.	Sexual Offender Registry;					
d.	Office of Inspector General List of Excluded Individuals and Entities; and					
e.	Nurse Aide Registry.					
3.	Availability to Work. Any direct resident access individual hired or contracted with on or after October 1, 2005, must self-disclose all arrests and convictions before having access to residents.					
a.	If a disqualifying crime as described in IDAPA 16.05.06. "Criminal History and Background Checks," is disclosed, the individual must not have direct resident access to any resident.					
b.	The individual is only allowed to work under another employee who has a cleared criminal history and background check that meets the criteria under this rule. The cleared employee must keep the individual waiting for clearance in line-of-sight when the individual has direct resident access until the criminal history and background check is completed and the results are obtained by the facility, unless:					
i.	The individual has completed an alternative criminal history and background check that includes a search of the record sources listed in Subsection 009.02 except for Subsection 009.02.a. in IDAPA 16.03.22 rule.					
ii.	The facility determines there is no potential danger to the residents; and					
iii.	The alternative criminal history and background check is only in effect until the required criminal history and background check that meets the criteria in this rule is completed. The results must state whether the individual was cleared or denied based on the completed fingerprint-based background check.					

4.	Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the criminal history and background check within twenty-one (21) days of their hire date.					
5.	New Criminal History and Background Check. An individual must have a criminal history and background check when:					
a.	Accepting employment with a new employer; and					
b.	The individual's last criminal history and background check was completed more than three (3) years prior to their date of hire.					
6.	Use of Previous Criminal History and Background Check. Any employer is allowed to use a previous criminal history and background check that meets the criteria in this rule if:					
a.	The individual has received a criminal history and background check within three (3) years of their date of hire;					
b.	Prior to the individual being granted unsupervised direct resident access, the employer obtains and retains the individual's previous criminal history and background check results;					
c.	The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification; within thirty (30) days after obtaining the previous criminal history and background check results; and					
d.	No disqualifying crimes are found.					
7.	Employer Discretion. The new employer, at its discretion, may require an individual to complete a criminal history and background check at any time, even if the individual has received a criminal history and background check within three (3) years of their date of hire.					

Item #	Policy & Procedure Requirements - EMERGENCY PREPAREDNESS (Refer to 16.03.22.155 and 410)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop a <i>policy and a set of procedures</i> that describes their emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency. The written procedures <u>must</u> contain the following information:					
1.	Relocation Agreements. Each facility must have a written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. The facility will review the agreements annually.					
2.	The facility must have written procedures outlining steps to be taken in the event of an emergency including:					
a.	A descriptive list of each person's responsibilities					

b.	Where and how residents are to be evacuated					
c.	Notification of emergency agencies					
3.	Emergency Generators. Facilities that elect to have an emergency generator must ensure that the system is designed to meet the applicable codes in NFPA, Standard 110 (within NFPA, Standard 101 as incorporated in Section 16.03.22.004 of the IDAPA rules)					
4.	Requirements for Emergency Actions and Fire Drills. The facility must develop a policy that describes how fire drills will be conducted not less than six (6) times a year on a bimonthly basis, with not less than two (2) conducted during the night when residents are sleeping. Records must be maintained on file at the facility and contain a description, date and time of the drill, response of the personnel and residents, problems encountered, and recommendations for improvement.					
a.	Report of a Fire. The facility must develop policies and procedures for submitting to the Licensing Agency within thirty (30) days a separate report on each fire incident occurring within the facility. The reporting form, "Facility Fire Incident Report," issued by the Licensing Agency is used to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. A fire incident is considered any activation of the building's fire alarm system other than a false alarm, during testing of the fire alarm system, or during a fire drill.					
b.	Fire Watch. The facility must develop policies and procedures on when and how they will implement a fire watch. Where a required fire alarm system or fire sprinkler system is out of service for more than four (4) hours in a twenty-four (24) hour period, the authority having jurisdiction must be notified, and the building evacuated, or an approved fire watch provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.					

Item #	Policy & Procedure Requirements - ENVIRONMENTAL SANITATION (Refer to 16.03.22.260)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop a policy and a set of procedures that describes how they plan to meet environmental sanitation requirements. The policies and procedures must include:					
1.	Water Supply. The facility must have an adequate water supply that is safe and of a sanitary quality.					
a.	The water supply must be from an approved private, public, or municipal water supply.					

b.	Water from a private supply must have water samples submitted annually to either a private accredited laboratory or to the Public Health District Laboratory for bacteriological examination. The Department may require more frequent examinations if warranted; and					
c.	There must be a sufficient amount of water under adequate pressure to meet sanitary and fire sprinkler system requirements of the facility at all times.					
2.	Sewage Disposal. All sewage and liquid waste must be discharged into a municipal sewage system where such a system is available. If a municipal sewage system is not available, sewage and liquid waste must be collected, treated, and disposed of in a manner approved by the Department.					
3.	Garbage and Refuse Disposal. Garbage and refuse disposal must be provided to ensure that:					
a.	The premises and all buildings must be kept free from accumulations of weeds, trash, and rubbish;					
b.	Material not directly related to the maintenance and operation of the facility must not be stored on the premises;					
c.	All containers used for storage and refuse must be constructed of durable, nonabsorbent material, and must not leak. Containers must be provided with tight-fitting lids unless stored in a vermin-proof room or enclosure; and					
d.	Garage containers must be maintained in a sanitary manner. Sufficient containers must be afforded to hold all garbage and refuse which accumulates between periods of removal from the facility. Storage areas must be clean and sanitary.					
4.	Insect and Rodent Control. A pest control program must be in effect at all times. This program must effectively prevent insects, rodents, and other pests from entrance to, or infestation of, the facility.					
5.	Linen and Laundry Facilities and Services.					
a.	The facility must have available at all times a quantity of linen essential to proper care and comfort of residents;					
b.	Linen must be of good quality, not thread-bare, torn, or stained;					
c.	Linens must be handled, processed, and stored in an appropriate manner that prevents contamination;					
d.	Adequate facilities must be provided for the proper and sanitary washing and drying of linen and other washable goods laundered in the facility;					
e.	The laundry must be situated in an area separate and apart from where food is stored, prepared, or served;					

f.	The laundry area must be well-lighted, ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner, and kept in good repair;					
g.	Care must be taken to ensure soiled linen and clothing are properly handled to prevent contamination. Clean linen and clothing received from a laundry service must be stored in a proper manner to prevent contamination; and					
h.	Residents' and personnel's personal laundry must be collected, transported, sorted, washed, and dried in a sanitary manner and cannot be washed with general linens (e.g. towels and sheets).					
6.	Housekeeping Services and Maintenance Services. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings.					
7.	Toxic Chemicals. All toxic chemicals must be properly labeled. Toxic chemicals cannot be stored where food is stored, prepared, or served, where medications are stored, and where residents with cognitive impairment have access.					

Item #	Policy & Procedure Requirements - FINANCIAL REQUIREMENTS (Refer to 16.03.22.153)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Each facility must develop and implement financial policies and procedures that include:					
1.	Statement. A statement specifying if the facility does not manage resident funds.					
2.	Safeguarding of Funds. Policies should specify how residents' funds will be handled and safeguarded, if the facility does manage resident funds. Policies must address the following:					
a.	When a resident's funds are deposited with, or handled by the facility, the funds must be managed as described in Section 39-3316, Idaho Code, and Section 550 of the IDAPA 16.03.22 rules;					
b.	A description of how facility fees are handled;					
c.	Resident accounts and funds must be separate from any facility accounts;					
d.	The facility cannot require a resident to purchase goods or services from the facility, other than items specified in the admission agreement and facility policies;					
e.	Each transaction with resident funds must be documented at the time to include signatures of the resident and facility representative with copies of receipts;					

f.	Residents must have access to their personal funds during normal business hours; and					
g.	When a resident permanently leaves the facility, the facility can only retain room and board funds prorated to the last day of the thirty (30) day notice, except in situations described in Sections 217 and 550 of the IDAPA 16.03.22 rules. All remaining funds are the property of the resident.					

Item #	Policy & Procedure Requirements - FOOD AND NUTRITIONAL CARE SERVICES (Refer to 16.03.22.450, 451, 455 & 460) (Idaho Food Code, IDAPA 16.02.19), (Idaho Diet Manual)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop a <i>policy and a set of procedures</i> that describes their Food and Nutrition services. The written procedures <u>must</u> contain the following information:					
1.	Requirements for Food and Nutritional Care Services. The facility must meet the standards in IDAPA 16.02.19, "Idaho Food Code," as incorporated in Section 004 of IDAPA 16.03.22. The facility must also implement policies for providing proper nutritional care for each resident, which includes procedures to follow if the resident refuses food or to follow a prescribed diet.					
2.	Menu and Diet Planning. The facility must provide each resident with at least the minimum food and nutritional needs in accordance with the Recommended Dietary Allowances established by the Food and Nutrition Board of National Academy of Sciences found in the Idaho Diet Manual. The menu must be adjusted for age, sex, and activity as approved by a registered dietitian. The written procedures must contain the following information:					
a.	Menu. The facility must have a menu planned or approved and signed and dated by a registered dietitian prior to being served to any resident. The planned menu must meet nutritional standards.					
i.	Menus will provide a sufficient variety of foods in adequate amounts at each meal.					
ii.	Food selections must include foods that are served in the community and in season. Food selections and textures should account for residents' preferences, food habits, and physical abilities.					
iii.	The current weekly menu must be posted in a facility common area.					
iv.	The facility must serve the planned menu. If substitutions are made, the menu must be modified to reflect substitutions.					
b.	Therapeutic Diets. The facility must have a therapeutic diet menu planned or approved and signed and dated by a registered dietitian prior to being served to a resident. The written procedures <u>must</u> contain the following information:					

i.	The therapeutic diet planned menu, must meet nutritional standards.					
ii.	The therapeutic diet menu must be planned as close to a regular diet as possible.					
iii.	The facility must have for each resident on a therapeutic diet, an order from a physician or authorized provider.					
c.	Facilities Licensed for Sixteen Beds or Less. In facilities licensed for sixteen (16) beds or less, menus must be in writing at least one (1) week in advance.					
d.	Facilities Licensed for Seventeen Beds or More. Facilities licensed for seventeen (17) beds or more must:					
i.	Develop and implement a cycle menu which covers a minimum of two (2) seasons and is four (4) to five (5) weeks in length.					
ii.	Follow standardized recipes.					
iii.	Have available in the kitchen a current copy of the Idaho Food Code and Idaho Diet Manual.					
3.	Food Supply. The facility must maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. The facility's kitchen must have the types and amounts of food to be served readily available to meet all planned menus during that time.					
4.	Food Preparation and Service. The written procedures must contain the following information:					
a.	Food Preparation. Foods must be prepared by methods that conserve nutritional value, flavor, and appearance.					
b.	Frequency of Meals. Food must be offered throughout the day, as follows:					
i.	To provide residents at least three (3) meals daily, at regular times comparable to normal mealtimes in the community.					
ii.	To ensure no more than fourteen (14) hours between a substantial evening meal and breakfast.					
iii.	Ensure that residents who are not in the facility for the noon meal are offered a substantial evening meal.					
iv.	Offer snacks and fluids between meals and at bedtime.					
c.	Food Preparation Area. Any areas used for food preparation must be maintained as follows:					
i.	No live animals or fowl will be kept or maintained in the food service preparation or service area.					
ii.	Food preparation and services areas cannot be used as living quarters for staff.					
d.	Disposable items. The facility will not use single-use items except in unusual circumstances for a short period of time for special events.					

Item #	Policy & Procedure Requirements - FURNISHINGS, EQUIPMENT, SUPPLIES AND BASIC SERVICES (Refer to 16.03.22.430)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Each facility must provide the resident:					
1.	Common Shared Furnishings. Appropriately designed and constructed furnishings to meet the needs of each resident, including reading lamps, tables, comfortable chairs, or sofas. All items must be in good repair, clean, safe, and provided at no additional cost to the resident.					
2.	Resident Sleeping Room Furnishings. Comfortable furnishings and individual storage, such as a dresser, for personal items for each resident in each sleeping room. All items must be in good repair, clean, and safe.					
3.	Resident Bed. Each resident must be provided their own bed, which will be at least thirty-six (36) inches wide, substantially constructed, clean, and in good repair. Roll-away beds, cots, futons, folding beds, or double bunks are prohibited. Bed springs must be in good repair, clean and comfortable. Bed mattresses must be standard for the bed, clean, and odor-free. A pillow must be provided.					
4.	Resident Telephone Privacy. The facility must have at least one (1) telephone that is accessible to all residents, and provide local calls at no additional cost. The telephone must be placed in such a manner as to provide the resident privacy while using the phone.					
5.	Basic Services. The following are basic services to be provided to the resident by the facility within the basic services rate:					
a.	Rent;					
b.	Utilities;					
c.	Food;					
d.	Activities of daily living services;					
e.	Supervision;					
f.	First aid;					
g.	Assistance with and monitoring of medications;					
h.	Laundrying of linens owned by the facility;					
i.	Emergency interventions and coordination of outside services;					
j.	Routine housekeeping and maintenance of common areas; and					

k.	Access to basic television in common areas.					
6.	Basic Supplies. The following are to be supplied by the facility at no additional cost to the resident: linens, towels, wash cloths, liquid hand soap, non-sterile exam gloves, toilet paper, and first aid supplies, unless the resident chooses to provide their own.					
7.	Personal Supplies. Soap, shampoo, hair brush, comb, electric razor or other means of shaving, toothbrush, toothpaste, sanitary napkins, and incontinence supplies must be provided by the facility unless the resident chooses to provide their own. The facility may charge the resident for personal supplies the facility provides and must itemize each item being charged to the resident.					
8.	Resident Supplies and Furnishings. If a resident chooses to provide their own supplies or furnishings, the facility must ensure that the resident's supplies or furnishings meet the minimum standards as identified in IDAPA 16.03.22.430 rule.					

Item #	Policy & Procedure Requirements - HOURLY ADULT CARE (Refer to 16.03.22.156)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop <i>a policy and a set of procedures</i> of how hourly adult care will be provided if offered. The policy must include the following:					
1.	Services Offered. A description of hourly adult care services, including transportation services (if offered), meals, activities, and supervision.					
2.	Individuals Accepted. Types of individuals accepted for hourly care. (See 16.03.22.152 of the IDAPA rule)					
3.	Cost of Hourly Care. Details of the cost of hourly adult care for the person receiving services.					
4.	Hours for Care. The specific time periods of hourly adult care not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period.					
5.	Assistance with Medications. Assistance with medications in the facility must comply with IDAPA 24.34.01, "Rules of the Idaho Board of Nursing," including:					
a.	Copies of all physician or authorized provider orders, including orders for all prescribed medications and treatments.					
b.	Appropriately labeled medications and treatments the facility safeguards while the person receives hourly adult care.					
6.	Staffing. Staffing must be based on the needs of the entire facility, including those receiving hourly adult care and residents. Hourly adult					

	care may be provided to as many individuals as possible without disrupting the day-to-day operations and normal activities of the facility.					
7.	Accommodations. The facility must provide accommodations appropriate to the time frame for those receiving hourly adult care, including:					
a.	Daytime accommodations such as recliners and couches for napping. Napping furniture must be spaced at least (3) feet apart.					
b.	Evening accommodations such as beds and bedrooms that are not used by facility residents. Any bed used overnight by a person receiving hourly adult care will not be counted as a licensed bed.					
8.	Documentation. Documentation requirements described in Section 16.03.22.330 of the IDAPA rules.					

Item #	Policy & Procedure Requirements - INFECTION CONTROL (Refer to 16.03.22.335 and 625.03.k)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop a <i>policy and a set of procedures</i> to describe how the administrator will ensure that policies and procedures consistent with recognized standards that control and prevent infections for both staff and residents are developed and implemented throughout the facility, to include:					
1.	Staff with an Infectious Disease. Staff with an infectious disease must not work until the infectious stage no longer exists or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent.					
2.	Standard Precautions. Standard precautions must be used in the care of residents to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at http://www.cdc.gov/hai/ .					
3.	Reporting of Individual with an Infectious Disease. The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases," must be reported immediately to the local health district authority with appropriate infection control procedures immediately implemented as directed by that local health authority.					
4.	Staff Training. All staff employed at the facility, including housekeeping personnel and contract personnel, must be trained in infection control procedures for universal precautions.					

Item #	Policy & Procedure Requirements - MEDICATION (Refer to 16.03.22.310) and Board of Nursing Rules (BON) 24.34.01)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop <i>a policy and a set of procedures</i> that guide staff on how medications will be handled in the facility. The policy should include the following items:					
1.	Medication Distribution System. Each facility must use medi-sets or blister packs for prescription medications. The facility may use multi-dose medication systems that are provided for resident's receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. The facility's licensed nurse may fill medi-sets, blister packs, or other Licensing Agency approved system in Section 39-3326, Idaho Code.					
a.	All medications must be kept in a locked area such as a locked box or room.					
b.	Poisons, toxic chemicals, and cleaning agents must not be stored with medications.					
c.	Biologicals and other medications requiring cold storage must be maintained at thirty-eight degrees Fahrenheit to forty-five degrees Fahrenheit (38°F– 45°F), and the temperature monitored and documented daily.					
d.	Assistance with medication must comply with the Board of Nursing requirements.					
e.	Each prescription medication must be given to the resident directly from the medi-set, blister pack, or medication container.					
f.	Each resident must be observed taking the medication.					
g.	Each prescribed PRN must be available in the facility.					
2.	Discontinued and Expired Prescriptions. Discontinued or outdated medications and treatments must be removed from the resident's medication supply and cannot accumulate at the facility for longer than thirty (30) days. The unused medication must be disposed of in a manner that ensures it cannot be retrieved. The facility may enter into agreement, a copy of which must be maintained, with a pharmacy or other authorized entity to return unused medications for proper disposition. A written record of all drug disposals must be maintained in the facility and include:					
a.	A description of the drug, including the amount.					
b.	Name of the resident for whom the medication is prescribed.					

c.	The reason for disposal.					
d.	The method of disposal.					
e.	The date of disposal.					
f.	Signatures of responsible facility personnel and witness.					
3.	Controlled Substances. The facility must track all controlled substances entering the facility, including the amount received, the date, a daily count, reconciliation of the number given or disposed, and the number remaining.					

Item #	Policy & Procedure Requirements - NEGOTIATED SERVICE AGREEMENT (NSA) (Refer to 16.03.22.320)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	Under Section 39-3309, Idaho Code, each resident must enter into an NSA completed, signed, and implemented no later than fourteen (14) calendar days from the date of admission. An interim plan must be developed and used while the NSA is being completed as described in Section 16.03.22.330 of the IDAPA rules.					
1.	Use of the NSA. The NSA provides for the coordination of services and instruction to the facility staff. Upon completion, the agreement must clearly identify the resident, describe the services to be provided, the frequency of such services, and how such services are to be delivered.					
2.	Key Elements of the NSA. A resident's NSA must be based on the comprehensive assessment information described in IDAPA rule 16.03.22.319. NSAs must incorporate information from the resident's care record, described in IDAPA rule 16.03.22.330.					
3.	Signature, Date, and Approval of Agreement. The administrator, resident, and any legal representative must sign and date the NSA upon its completion.					
4.	Review Date. The NSA must include the next scheduled date of review.					
5.	Development of the NSA. The resident, and other relevant persons as identified by the resident, must be included in the development of the NSA. Licensed and professional staff must be involved in the development of the NSA as applicable.					
6.	Copy of Initial Agreement. Signed copies of the agreement must be given to the resident, their representative and their legal guardian or conservator, and a copy placed in the resident's record, no later than fourteen (14) calendar days from admission.					

7.	Resident Choice. A resident must be given the choice and control of how and what services the facility or external vendors will provide, to the extent the resident can make choices. The resident's choice must not violate the provisions of Section 39-3307(1), Idaho Code.					
8.	Periodic Review. The NSA must be reviewed when there is a change in a diagnosis for a resident or other change in condition requiring different, additional, or replacement services, or at least every twelve (12) months.					

Item #	Policy & Procedure Requirements - NURSING SERVICES (Refer to 16.03.22.300, 305 and Board of Nursing Rules (BON) 24.34.01)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop <i>a policy and a set of procedures</i> that guide staff on how nursing services will be provided at the facility. The policy should include the following items:					
1.	Requirements for Nursing Services. The administrator must ensure policies and procedures are developed and implemented to ensure nursing services are performed in accordance with IDAPA 24.34.01, "Rules of the Idaho Board of Nursing" and this chapter of rules. The facility must have on staff sufficient nursing personnel to meet the requirements of this rule.					
a.	Licensed Registered Nurse (RN). A licensed registered nurse (RN) must visit the facility at least once every ninety (90) days to conduct initial and quarterly nursing assessments for each resident as described in Section 16.03.22.305 of the IDAPA rules. The licensed registered nurse is responsible for delegation of nursing functions, according to IDAPA 24.34.01, "Rules of the Idaho Board of Nursing."					
b.	Licensed Nurse. The licensed nurse must be available to address changes in a resident's health or mental status, review and implement new orders, and notify the physician or authorized provider when a resident repeatedly refuses to follow physician orders.					
2.	Requirements for the Licensed Registered Nursing Assessment. For each resident a licensed registered nurse must assess and document, including a date and signature, the following:					
a.	Resident Medications and Therapies. The resident's use of, and response to all medications, (including over-the-counter, and prescribed therapies), the monitoring of side effects, interactions, abuse, or other adverse effects, and ensuring the resident's physician or authorized provider is notified of any identified concerns with medications and therapies.					
b.	Current Medication Orders and Treatment Orders. Each resident's medication and treatment orders are current and verified for the following:					

i.	The medication listed on the medication distribution container, including over-the counter-medications, is consistent with physician or authorized provider orders.					
ii.	The physician or authorized provider orders related to therapeutic diets, treatments, and medications for each resident are followed.					
iii.	A copy of the actual written, signed, and dated orders are present in each resident's care record.					
c.	Resident Health Status. The health status of each resident by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status.					
d.	Recommendations. Recommendations to the administrator regarding any medication needs, other health needs requiring follow-up, or changes needed to the NSA. The nurse must notify the physician or authorized provider of recommendations for medical care and services that are needed.					
e.	Progress of Previous Recommendations. The progress of previous recommendations regarding any medication needs or other needs that require follow-up.					
f.	Self-Administration of Medication. Each resident participating in a self-administered medication program at the following times:					
i.	Before the resident can self-administer to ensure resident safety.					
ii.	Every ninety (90) days to evaluate continued validity of the assessment to ensure the resident is still capable to safely self-administer medication(s).					
g.	Resident and Facility Staff Education. Recommendations for any health care-related educational needs, for both the resident and facility staff, as the result of the nursing assessment or at the direction of the resident's health care provider.					

Item #	Policy & Procedure Requirements - RECORDS (Refer to 16.03.22.330)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility must develop a policy that ensures maintained records are complete, accurate, and authentic and preserved in a safe location protected from fire, theft, and water damage for a minimum of three (3) years. The following items should be addressed:					
1.	Paper Records. All paper records must be recorded legibly in ink.					
2.	Electronic Records. Electronic records policies must be developed and implemented that specify which records will be maintained electronically. Policy development and implementation must ensure:					

a.	The facility must print and provide paper copies of electronic records upon the request of the resident, their legal guardian or conservator, advocacy and protection agencies, and the Department.					
b.	Security measures must be taken to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs and to protect the person's identity. The policy must specify how passwords are assigned, and the frequency they are changed.					
c.	Security measures must be taken to ensure the integrity of any electronic documentation.					
3.	Record Confidentiality. The facility must safeguard confidential information against loss, destruction, and unauthorized use.					
4.	Resident Care Records. An individual care record must be maintained for each resident with all entries kept current and completed by the person providing the care.					
a.	Entries must include the date, time, name, and title of the person making the entry. Staff must sign each entry made by them during their shift.					
b.	Care records of all current residents must be available to staff at all times.					
c.	In addition to an NSA, as described in Section 16.03.22.320 of the IDAPA rules, each care record must include documentation of the following:					
i.	Comprehensive assessments as described in Section 16.03.22.319 of the IDAPA rules.					
ii.	Current medications, treatments, and diet prescribed, all signed and dated by the ordering physician or authorized provider.					
iii.	Treatments, wound care, assistance with medications and any other delegated nursing tasks. Documentation must include any PRN medication use (if applicable), including the reason for taking the medication and the efficacy.					
iv.	Times the NSA is not followed, such as during refusal of care or services. This includes any time a medication is refused by a resident, not taken by a resident, not given to a resident, and the reason for the omission.					
v.	Calls to the resident's physician or authorized provider, including the reason for each call and the outcome.					
vi.	Notification to the facility nurse of changes in the resident's physical or mental condition.					
vii.	Nursing assessments, as described in IDAPA rule 16.03.22.305.					
viii.	The results of any physician or authorized provider visits.					

ix.	Copies of all signed and dated care plans prepared by outside service agencies.					
x.	Notes regarding outside services and care provided to the resident, such as home health, hospice, or physical therapy.					
xi.	Unusual events such as incidents, accidents, or altercations, and the facility's response.					
xii.	When a resident refuses medical treatment or physician's orders, the facility must document the resident and their legal guardian have been informed of the consequences of the refusal and the resident's physician or authorized provider has been notified of the refusal.					
5.	Admission Records. The facility must develop a policy that ensures resident admission documentation which includes:					
a.	The resident's preferred providers and contact information, including physician or authorized provider, optometrist, dentist, pharmacy, and outside service providers.					
b.	Results of the resident's last history and physical examination, performed by a physician or authorized provider. The examination must have been conducted no more than six (6) months prior to admission.					
c.	Physician or authorized provider orders that are current, signed, and dated, including a list of medications, treatments, diet and any limitations.					
d.	A written admission agreement that is signed and dated by the administrator and the resident or their legal guardian or conservator and meets the requirements of IDAPA 16.03.22.216.					
e.	If separate from the admission agreement, a copy of the payment schedule and fee structure signed and dated by the resident or their legal guardian or conservator.					
f.	If the facility manages the resident's funds, a signed and dated written agreement between the facility and the resident or their legal guardian or conservator that specifies the terms.					
g.	A signed copy of the resident's rights, as described in Sections 16.03.22.550 and 560 of the IDAPA rules, or a signed and dated statement that the resident or their legal guardian or conservator has read and understands their rights in a residential assisted living facility.					
h.	An interim care plan signed by the resident, responsible party, and the facility, completed prior to, or on the day of, admission.					
i.	Documentation indicating the resident has been informed of the facility's emergency procedures, including resident responsibility.					
6.	Discharge Records. Resident discharge records must include:					
a.	When the discharge is involuntary, the facility's efforts to resolve the situation and a copy of the discharge notice, signed and dated by the resident and the facility. If the resident refuses, or is unable to sign the					

	notice, the facility must maintain evidence that the notice was delivered to the resident and the responsible party.					
b.	The date and the location where the resident is discharged.					
c.	The disposition of the resident's belongings.					
7.	Additional Resident Records. The facility must also maintain the following for each resident:					
a.	A record of all personal property that the resident has entrusted to the facility, including documentation to identify and track the property to ensure that personal items are kept safe and used only by the resident to which the items belong.					
b.	Any complaints or grievances voiced by the resident including the date received, the investigation with outcome, and the response to the resident.					
8.	Resident Admission and Discharge Register. The facility must maintain an admission and discharge register listing the name of each resident, the date admitted, and the date discharged. The admission and discharge register must be produced as a separate document, apart from resident records, and kept current.					
9.	Hourly Adult Care Documentation. A log of those who have utilized hourly adult care must be maintained, including the dates the service was provided. Individual records must be maintained for each person utilizing hourly adult care. The individual record documentation must include:					
a.	Admission identification information, including contact information for the responsible party in an emergency, and the physician or authorized provider.					
b.	Information, such as medical and social, relevant to the supervision of the person.					
c.	Care and services provided during hourly adult care, including assistance with medications.					
10.	Dietary Records. The facility must maintain on-site a minimum of three (3) months of dietary documentation, as follows:					
a.	Copies of planned menus, including therapeutic menus, that are approved, signed, and dated by a dietician.					
b.	Served menus, including therapeutic menus, which reflect substitutions made.					
11.	Records for Water Supply. The facility must maintain copies of laboratory reports documenting the bacteriological examination of a private water supply.					
12.	Personnel Records. The facility must maintain and have available a record for each employee, which includes the following:					

a.	The employee's name, address, phone number, and date of hire.					
b.	A job description that includes the purpose, responsibilities, duties, and authority.					
c.	Evidence that on, or prior to hire, staff were notified in writing if the facility does or does not carry professional liability insurance. If the facility cancels existing professional liability insurance, all staff must be notified of the change in writing.					
d.	A copy of a current license for all nursing staff and verification from the Board of Nursing that the license is in good standing with identification of restrictions.					
e.	Signed evidence of training as described in Sections 16.03.22.620-641 of the IDAPA rules.					
f.	Copies of CPR and first aid certifications.					
g.	Evidence of medication training as described in Sections 16.03.22.645 of the IDAPA rules.					
h.	Criminal history and background check results that meet Section 16.03.22.009 of the IDAPA rules and state-only background check results.					
i.	Documentation by the licensed nurse of delegation to unlicensed staff who assist residents with medications and other nursing tasks.					
j.	When acting on behalf of the administrator, a signed document authorizing the responsibility.					
k.	Copies of contracts with outside service providers and contract staff.					
13.	As Worked Schedules. Work records must be maintained in written or electronic format which reflect:					
a.	Personnel on duty, at any given time.					
b.	The first and last names of each employee and their position					
14.	Fire and Life Safety Records. The administrator must ensure the facility's records for fire and life safety are maintained. The facility must maintain on file:					
a.	Fire detection, alarm, and communication system reports.					
i.	The results of the annual inspection and tests.					
ii.	Smoke detector sensitivity testing results.					
b.	The results of any weekly, monthly, quarterly, semi-annual, and annual sprinkler inspections, maintenance, and test.					
c.	Records of monthly examination of the portable fire extinguishers, documenting the following:					

i.	Each extinguisher is in its designated location.					
ii.	Each extinguisher seal or tamper indicator is not broken.					
iii.	Each extinguisher has not been physically damaged.					
iv.	Each extinguisher gauge shows a charged condition.					
v.	The inspection tag or documentation for the extinguisher must show at least the initials of the person making the monthly examination and the date of the examination.					
d.	Documentation for when a fire watch is instituted and a fire watch log for each round of patrol, identifying who conducted the fire watch, date, time, and situations encountered.					

Item #	Policy & Procedure Requirements - RESIDENT RIGHTS (Refer to 16.03.22.550 and 560)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop policies and procedures to ensure that residents rights are promoted and protected in the facility. The administrator is responsible to implement the policies. This should include a description of how the rights will be observed, promoted and protected. The following items should be addressed:					
1.	Resident Records. Upon request, a resident or others authorized by law, must be provided immediate access to information in their record, and copies of information within two (2) business days. The facility must maintain and keep current a record for each resident that contains the information specified in Section 16.03.22.330 of the IDAPA rules.					
2.	Privacy. Each resident must be ensured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups.					
3.	Humane Care and Environment.					
a.	Each resident has the right to humane care and a humane environment, including the following:					
i.	The right to a diet that is consistent with any religious or health-related restrictions.					
ii.	The right to refuse a restricted diet.					
iii.	The right to a safe and sanitary living environment.					

b.	Each resident has the right to be treated with dignity and respect, including:					
i.	The right to be treated in a courteous manner by staff.					
ii.	The right to receive a response from the facility to any request of the resident within a reasonable time.					
iii.	The right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices or family and friends to translate. The method implemented must ensure the resident's right to confidentiality, if the resident desires.					
4.	Personal Possessions. Each resident the right to:					
a.	Wear their own clothing.					
b.	Determine their own dress or hair style.					
c.	Retain and use their own personal property in their living area so as to maintain individuality and personal dignity.					
d.	Be provided a separate storage area in their own living area and at least one (1) locked cabinet or drawer for keeping personal property.					
5.	Personal Funds. Residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules. A facility must not require a resident to deposit their personal funds with the facility.					
6.	Management of Personal Funds. Upon a facility's acceptance of written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows:					
a.	The facility must deposit any amount of a resident's personal funds more than five (5) times the personal needs allowance in an interest-bearing account (or accounts) that is separate from any of the facility's operating accounts and credit all interest earned on such separate account to the account. The facility must maintain any other personal fund accounts in a non-interest-bearing account or petty cash fund.					
b.	The facility must ensure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds					

	deposited with the facility and afford the resident (or a legal representative of the resident) reasonable access to such record.					
c.	Upon the death of a resident with such an account, the facility must promptly convey the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate. For clients of the Department, the remaining balance of the funds must be refunded to the Department.					
7.	Access and Visitation Rights. Each facility must permit:					
a.	Immediate access to any resident by any representative of the Department, by the local ombudsman for the elderly or their designees, or by the resident's individual physician or authorized provider.					
b.	Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by the resident's immediate family, significant other, or representative.					
c.	Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident					
d.	Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time					
8.	Employment. Each resident must have the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility. If the resident is hired by the facility to perform services as an employee of the facility, the wage paid to the resident must be consistent with state and federal law.					
9.	Confidentiality. Each resident must have the right to confidentiality of personal and clinical records.					
10.	Freedom from Abuse, Neglect, and Restraints. Each resident must have the right to be free from physical, mental, or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints.					
11.	Freedom of Religion. Each resident must have the right to practice the religion of their choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others					
12.	Control and Receipt of Health-Related Services. Each resident must have the right to control their receipt of health-related services, including:					
a.	The right to retain the services of their own personal physician, dentist and other health care professionals.					

b.	The right to select the pharmacy or pharmacist of their choice so long as it meets the statute and rules governing residential assisted living and the policies and procedures of the residential assisted living facility.					
c.	The right to confidentiality and privacy concerning their medical or dental condition and treatment.					
d.	The right to refuse medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter.					
i.	The facility must document the resident and their legal guardian have been informed of the consequences of the refusal.					
ii.	The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal. (MD should be contacted immediately if the resident's refusal could jeopardize their health or safety)					
13.	Grievances. Each resident must have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without threat of retaliation for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.					
14.	Participation in Resident and Family Groups. Each resident must have the right to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility.					
15.	Participation in Other Activities. Each resident must have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the facility.					
16.	Examination of Survey Results. Each resident must have the right to examine, upon reasonable request, the results of the most recent survey conducted by the Licensing Agency with respect to the facility and any plan of correction in effect.					
17.	Access by Advocates and Representatives. A residential assisted living facility must permit advocates and representatives of community legal services programs, whose purpose include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to:					
a.	Visit, talk with, and make personal, social, and legal services available to all residents					
b.	Inform residents of their rights and entitlements and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals					

c.	Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, this may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation					
d.	Engage in all other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights					
e.	Communicate privately and without restrictions with any resident who consents to the communication					
f.	Observe all common areas of the facility					
18.	Access by Protection and Advocacy System. A residential assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 29 U.S.C. Section 794e, 42 U.S.C. Section 15043 and 42 U.S.C. Section 10801 et seq., access to residents, facilities, and records in accordance with applicable federal statutes and regulations.					
19.	Access by the Long-Term Care Ombudsman. A residential assisted living facility must permit advocates and representatives of the long-term care ombudsman program pursuant to 42 U.S.C. Section 3058, Section 67-5009, Idaho Code, and IDAPA 15.01.03, "Rules Governing the Ombudsman for the Elderly Program," access to residents, facilities, and records in accordance with applicable federal and state law, rules, and regulations.					
20.	Transfer or Discharge. Each resident must have the right to be transferred or discharged only for medical reasons, for their welfare or that of other residents, or for nonpayment of their stay. In non-emergency conditions, the resident must be given at least thirty (30) calendar days notice of discharge. A resident has the right to appeal any involuntary discharge.					
21.	Citizenship Rights. Each resident has the right to be encouraged and assisted to exercise their rights as a citizen, including the right to be informed and to vote.					
22.	Advance Directives. Residents have the right to be informed, in writing, regarding the formulation of an advance directive as provided under Section 39-4510, Idaho Code.					
23.	Fee Changes. Each resident has the right to written notice of any fee change not less than thirty (30) days prior to the proposed effective date of the fee change, except:					
a.	When a resident needs additional care, services, or supplies, the facility must provide to the resident or the resident's legal guardian or conservator written notice within five (5) days of any fee change taking place.					

b.	The resident and the resident's legal guardian or conservator must be given the opportunity to agree to the amended NSA. If the two parties do not reach an agreement on the proposed fee change, the facility is entitled to charge the changed rate after five (5) days have elapsed from the date of the facility's written notice.					
24.	Notice of Residents' Rights. Each facility must:					
a.	Inform Residents Orally and in Writing. Inform each resident, orally and in writing at the time of admission to the facility, of their legal rights during the stay at the facility.					
b.	Written Statements. Make available to each resident, upon reasonable request, a written statement of such rights and when the rights change the resident is notified.					
c.	Written Description of Rights. Ensure the written description of legal rights in this rule includes a description of protection of personal funds and a statement that a resident may file a complaint with the Department respecting resident abuse, neglect and misappropriation of resident property in the facility.					
d.	Posting of Resident Rights. Conspicuously post the residents' rights in the facility at all times.					

Item #	Policy & Procedure Requirements - SMOKING (Refer to 16.03.22.161)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility must develop and implement written rules governing smoking. Nothing in this rule requires a facility permit smoking. (Must be addressed in your admission agreement if you prohibit smoking.) Smoking policies must be made known to all staff, residents, and visiting public and must ensure:					
1.	Combustible Supplies and Flammable Items. Smoking is prohibited in areas where combustible supplies or materials, flammable liquids, gases, or oxidizers are in use or stored.					
2.	Smoking in Bed. Smoking in bed is prohibited.					
3.	Unsupervised Smoking. Unsupervised smoking by residents classified as not mentally or physically responsible, sedated by medication, or taking oxygen is prohibited.					
4.	Designated Smoking Areas. If smoking is permitted, there must be designated smoking areas which are specified in policy and clearly marked. Designated smoking areas must have non-combustible disposal receptacles.					

Item #	Policy & Procedure Requirements - STAFFING (Refer to 16.03.22.215.11, 600, 620, 625, 630, 640, 641 and 645)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The administrator must develop and implement written staffing policies and procedures based on the numbers of residents, resident needs, and configuration of the facility, which include:					
1.	On-Duty Staff Up and Awake During Residents' Sleeping Hours. Qualified and trained staff must be up and awake, and immediately available in the facility during resident sleeping hours.					
2.	Detached Buildings or Units. Facilities with residents housed in detached buildings or units, must have at least one (1) staff present, and available in each building or unit when residents are present in the building or unit. The facility must also ensure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours to be up, awake, and immediately available in accordance with the facility's licensed bed capacity as provided in IDAPA rule. The Licensing Agency will consider a variance based on the facility's written submitted plan of operation.					
3.	Personnel Management. The administrator is responsible for the management of all personnel to include contract personnel.					
4.	Sufficient Personnel. As described in Section 39-3322, Idaho Code, the facility will employ, and administrator will schedule sufficient personnel to:					
a.	Provide care and supervision, during all hours, as required in each resident's NSA, to ensure residents' health, safety, and comfort, and to ensure the interior and exterior of the facility is maintained in a safe and clean manner.					
b.	To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times.					
5.	Minimum Age of Personnel. The facility must develop a policy and procedure that ensures that no personnel providing hands-on care or supervision services will be under eighteen (18) years of age unless they have completed a certified nursing assistant (CNA) certification course.					
	Requirements for Training of Facility Personnel.					
1.	The facility must follow structured, written training programs designed to meet the training needs of personnel in relation to responsibilities, as specified in the written job description, to provide for quality of care and compliance with these rules. Signed evidence of personnel training, indicating hours and topic, must be retained at the facility.					

	Orientation Training Requirements. The administrator must ensure that each staff member completes orientation training specific to their job description as described in Section 39-3324, Idaho Code. Staff who have not completed the orientation training requirements must work with a staff who has completed the orientation training.					
1.	Number of Hours of Training. A minimum of sixteen (16) hours of job-related orientation training must be provided to all new personnel before they are allowed to provide unsupervised personal assistance to residents. The means and methods of training are at the facility's discretion.					
2.	Timeline of Completion of Training. All orientation training must be completed within thirty (30) days of hire.					
3.	Content of Training. Orientation training must include the following:					
a.	The philosophy of residential assisted living and how it guides caregiving.					
b.	Resident rights.					
c.	Cultural awareness.					
d.	Providing personal assistance.					
e.	How to respond to emergencies.					
f.	Reporting and documenting requirements for resident care records, incidents, accidents, complaints, and allegations of abuse, neglect, and exploitation.					
g.	Identifying and reporting changes in residents' health or mental condition.					
h.	Advance Directives and do not resuscitate (DNR) orders.					
i.	Relevant policies and procedures.					
j.	The role of the NSA.					
4.	Training Requirements for Facilities Admitting Residents with A Diagnosis of Dementia, Mental Illness, Developmental Disability, or Traumatic Brain Injury. A facility admitting and retaining residents with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train all staff to meet the specialized needs of those residents. Staff must receive specialized training within thirty (30) days of hire or of admission of a resident with one (1) of these conditions. The means and methods of training are at the facility's discretion. The training should address the following areas:					

1.	Dementia:					
a.	Overview of Dementia.					
b.	Symptoms and behaviors of people with memory impairment.					
c.	Communication with people with memory impairment.					
d.	Resident's adjustment to the new living environment.					
e.	Behavior management, including the consistent implementation of behavior plans.					
f.	Activities of daily living.					
g.	Stress reduction for facility personnel and resident.					
2.	Mental Illness:					
a.	Overview of mental illness.					
b.	Symptoms and behaviors specific to mental illness.					
c.	Resident's adjustment to the new living environment.					
d.	Behavior management, including the consistent implementation of behavior interventions.					
e.	Communication.					
f.	Activities of daily living.					
g.	Integration with rehabilitation services.					
h.	Stress reduction for facility personnel and resident.					
3.	Development Disability:					
a.	Overview of developmental disabilities.					
b.	Interaction and acceptance.					
c.	Promotion of independence.					
d.	Communication.					
e.	Behavior management, including the consistent implementation of behavior plans.					

f.	Assistance with adaptive equipment.					
g.	Integration with rehabilitation services.					
h.	Activities of daily living.					
i.	Community Integration.					
4.	Traumatic Brain Injury:					
a.	Overview of traumatic brain injuries.					
b.	Symptoms and behaviors specific to traumatic brain injury.					
c.	Adjustment to new living environment.					
d.	Behavior management, including the consistent implementation of behavior interventions.					
e.	Communication.					
f.	Integration with rehabilitation services.					
g.	Activities of daily living.					
h.	Assistance with adaptive equipment.					
i.	Stress reduction for facility personnel and resident.					
	Continued Training Requirements					
1.	Each employee must receive a minimum of eight (8) hours job-related continued training per year.					
	Additional Training Related to Changes					
1.	When policies or procedures are added, modified or deleted, the date of the change must be specified on the policy and staff must receive additional training related to the changes.					
	Assistance with Medications					
1.	Training Requirements. To provide assistance with medications, staff must have the following training requirements, and be delegated as described in IDAPA rule 16.03.22.645. The procedures must include the following:					
a.	Before staff can begin assisting residents with medications, successful completion of an Idaho Board of Nursing approved medication course is required. This training is not included as part of the minimum of					

	sixteen (16) hours of orientation training or minimum of eight (8) hours of continuing training requirement per year.					
b.	Staff training on documentation requirements and how to respond when a resident refuses or misses a medication, receives an incorrect medication, or when medication is unavailable or missing.					
2.	Delegation. The facility nurse must delegate and document assistance with medications and other nursing tasks. Each medication assistant must be delegated individually, including skill demonstration, prior to assisting with medications, or nursing tasks, and any time the licensed nurse changes.					

Item #	Policy & Procedure Requirements - STAFF TRAINING – ADDITIONAL REQUIREMENTS (Refer to 16.03.22.154)	Page #	Policy in place?	Procedure in place?	Is person responsible identified?	Comments
	The facility <u>must</u> develop <i>a policy and a set of procedures</i> to address the following:					
1.	Response of Staff to Emergencies. How staff are to respond to emergency situations, including:					
a.	Medical and psychiatric emergencies;					
b.	Resident absence;					
c.	Criminal situations; and					
d.	Presence of law enforcement officials at the facility.					
2.	Notification of Changes to Resident Health or Mental Status. Who and how staff are to notify of any changes in residents' health or mental status.					
3.	Provided Care and Services by Staff. How staff are to provide care and services to residents in the following areas:					
a.	Activities of daily living;					
b.	Dietary and eating, including when a resident refuses to eat or follow a prescribed diet;					
c.	Dignity;					
d.	Ensuring each individual's rights;					
e.	Medication assistance;					
f.	Provision of privacy;					

g.	Social activities;					
h.	Supervision;					
i.	Supporting resident independence; and					
j.	Telephone access.					
4.	Intervention Procedures to Ensure Safety of Residents and Staff. How to intervene to ensure resident and staff safety in unsafe situations that are physically or behaviorally caused.					
5.	Behavior Management for Residents. The facility must have policies and procedures to ensure staff are trained and complete timely assessment, plan development, and documentation as described in Section 16.03.22.330 of the IDAPA rules.					
6.	Facility Operations, Inspections, Maintenance, and Testing. Plans and procedures for the operation, periodic inspection, and testing of the physical plant, which includes utilities, fire safety, and plant maintenance for all areas of the facility's campus.					
7.	Hazardous Materials. The handling of hazardous materials.					
8.	Mechanical Equipment. The handling of potentially dangerous mechanical equipment.					